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Kimberly Topper
Food and Drug Administration CDER
Advisors and Consultants staff, HFD-21
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July 6, 2001

Dear Kimberly,

I am writing to you regarding the upcoming meeting of the DEA this September to address the issues of drug abuse and diversion of OxyContin. I strongly believe that any efforts aimed at limiting the supplies or access to this analgesic would impose unnecessary bureaucratic hurdles to physicians who treat acute and chronic pain. Restricting the prescription use of this analgesic to only certified pain specialists or limiting supply would significantly reduce the access of this analgesic to millions of patients who suffer from acute and chronic pain each year. OxyContin, because of its extended analgesic duration, has significant advantages in the management of pain. We have utilized this analgesic in the management of various acute pain syndromes (see enclosed articles). The extended analgesic duration of OxyContin provides for enhanced patient comfort, improved postoperative convalescence, with a significantly lower incidence of side effects compared to immediate-release opioids.

I believe the efforts of the DEA to impose new limits on our access to this extremely useful analgesic would threaten to undermine the significant achievements we have made in the management of pain over the past decade.

Sincerely,

Scott S. Reuben, M.D.
Director, Acute Pain Service
Associate Professor of Anesthesiology
Baystate Medical Center and the
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